

Complete Form, Print, Sign and Mail to:
Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210



2020-266-E
295188

Phone: 803-896-5100
Fax: 803-896-5109
www.psc.sc.gov

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Individual Complaint Form

Date*: 10/30/2020

2020 NOV -3 PM 3:16

Complainant or Legal Representative Information:

* Required Fields

Name * John Nihiser

Firm (if applicable)

Mailing Address *

City, State Zip * Fountain Inn, SC 29644

Phone *

E-mail jijnihiser@yahoo.com

Name of Utility Involved in Complaint: * Duke Energy South Carolina

Type of Complaint (check appropriate box below.) *

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input checked="" type="checkbox"/> Other (be specific) Vegetation Management | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☒ Yes ☐ No

Name of ORS Contact: Unknown

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

Since purchasing my home two years ago, I have contacted Duke numerous times concerning the lack of vegetation management along the woods to the rear of my property. In 2020 alone, there have been 7 work orders filed with or by Duke to have this trimming done along their pole-to-pole right of way. These work orders have been closed with no work performed. This right-of way has not been maintained in a number of years, and limbs are contacting the line, sparking, causing fires, and damage to the trees. This has created the risk for personal injury and/or property damage.

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

Maintain their right of way, trim and cut back as needed to ensure safety along this line.

I UNDERSTAND AND AGREE THAT THE INFORMATION GIVEN ON THIS FORM IS PUBLIC INFORMATION THAT WILL BE PUBLISHED ON THE COMMISSION'S WEBSITE (dms.psc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.

*** PUBLISH WITHOUT ADDRESS OR PHONE ***

Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)

COUNTY OF Greenville)

VERIFICATION

I, John Nihiser

Complainant's Name *

verify that I have read my complaint filed on 10/30/20

Date *

and know the contents thereof, and that said contents are true.

Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
H.E.	



Individual Complaint Form Instructions and Procedure

Please contact the **Office of Regulatory Staff (ORS)** at 803-737-5230 (Columbia, SC) or 800-922-1531 (toll free) to attempt to informally resolve this issue prior to filing an official complaint with the Commission.

A. To file an official complaint:

1. Complete the **Complaint Form** found on the Commission's website at www.psc.sc.gov.
 - a.) The form may be completed and e-mailed to contact@psc.sc.gov.
 - b.) Alternatively, a blank copy of the form may be printed, filled out, and then mailed or faxed to the Commission.
2. Individuals do not need to have legal representation to represent themselves before the Commission, but a corporation, partnership, limited liability company, or group of people or association must be represented by legal counsel. Neither the Commission nor the ORS can provide legal advice.
3. If additional documentation is necessary to supplement your complaint, attach it to the form. **The Public Service Commission of South Carolina has adopted the same standards regarding protection of personal identifying information as are in place in the various state courts (except Family and Probate Courts). These are set out in Rule 41.2(a) of the South Carolina Rules of Civil Procedure and are listed below:**
 - a) **Redaction.** A person filing a document in paper or electronic format shall not include, or will redact where inclusion is necessary, the following personal identifying information.
 - b) **Social Security Numbers, Taxpayer Identification Numbers, Driver's License Numbers, Passport Numbers or Any Other Personal Identifying Numbers.** If it is necessary to include personal identifying numbers in a document, the parties should utilize some other identifier. Parties shall not include any portion of a social security number in a filing.
 - c) **Names of Minor Children.** If a minor is the victim of a sexual assault or the victim in an abuse or neglect case, the minor's name must be completely redacted and a term such as "victim" or "child" should be used. In all other cases, the minor's first name and first initial of the last name (i.e., John S.), or only the minor's initials (i.e., J.S.) should be used.
 - d) **Financial Account Numbers, Including Any Type of Bank Account Numbers, Personal Identification Number (PIN) Code, or Passwords.** If financial account numbers are relevant, only the last four digits of these numbers should be used.
 - e) **Home Addresses of Minors, Sexual Assault and Abuse and Neglect Victims, and Non-Parties.** If a home address of a minor, sexual assault victim, or non-party must be included, only the city and state should be used.
 - f) **Date of Birth.** If a date of birth must be included, only the year of birth should be included.

Individuals who file documents with the Public Service Commission are hereby notified that their filings will be made available to the public on the Commission's searchable Docket Management System. The Public Service Commission assumes no responsibility for redacting personal identifying information from any filings. It is solely the responsibility of the filer to ensure that no personal identifying information is made public by inclusion in his or her filings.

I have read and understand the Public Service Commission's policy pertaining to privacy protection for filings.

Signature of Filer: _____